Check the applicable box:      Liobbyist Employer Registration Statement			Legislati	e Session	CALIFORNIA 603
Libbyist Employer Registration Statement   2008   2010   For Official Use Only AMENDMENT 001	Check the applicable box:				FORM OOS
Clobying Coalition Registration Statement (Government Code Section 86108)   Type or Print in Ink	☑ Lobbyist Employer Registration	Statement			
NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:  PRESCHOOL CALIFORNIA,A FISCALY SPONSORED PROJECT OF COMMUNITY INITIATIVES  BUSINESS ADDRESS: (Number and Street)  OAKLAND  CA 94612  TELEPHONE NUMBER: (Optional)  E-MAIL: (Optional)  I Lobbyists and Lobbying Firms Employed  * List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.  * Please see attached pages    I List Below the State Agencies Whose Actions you Will Attempt to Influence  * Will you attempt to influence the State Legislature?    I Ves	, ,	Statement			AMENDMENT 001
PRESCHOOL CALIFORNIA.A FISCALY SPONSORED PROJECT OF COMMUNITY INITIATIVES  BUSINESS ADDRESS: (Number and Street)  OAKLAND  OAKLAND  CA 94612  FAX NUMBER: (Optional)  E-MAIL: (Optional)  I Lobbyists and Lobbying Firms Employed  * List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.  Please see attached pages  II List Below the State Agencies Whose Actions you Will Attempt to Influence  *Will you attempt to influence the State Legislature?  III Description of Lobbying Interests  * For assistance, see the instructions on the back of this form or the *Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.* _ LEGISLATION RELATED TO INCREASED ACCESS TO EFFECTIVE PRESCHOOL PROGRAMS FOR CHILL  VERIFICATION  I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed On01/26/2010	Type or Print in ink		1/4		
PRESCHOOL CALIFORNIA A FISCALY SPONSORED PROJECT OF COMMUNITY INITIATIVES  BUSINESS ADDRESS: (Number and Street)  OAKLAND  CA  94612  FAX NUMBER: (Optional)  E-MAIL: (Optional)  I Lobbyists and Lobbying Firms Employed  * List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.  Please see attached pages  II List Below the State Agencies Whose Actions you Will Attempt to Influence  * Will you attempt to influence the State Legislature?  Please see attached pages  III Description of Lobbying Interests  * For assistance, see the instructions on the back of this form or the "Information Manual on Lobbying Disclosure Provisions of the Political Reform Act."  LEGISLATION RELATED TO INCREASED ACCESS TO EFFECTIVE PRESCHOOL PROGRAMS FOR CHILD VERIFICATION  I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed On  01/26/2010  By CATHERINE ATKIN  SIGNATURE OF RESPONSIBLE OFFICER  Name of Responsible Officer CATHERINE ATKIN  Tile PRESIDENT (447200-4MM)	NAME OF LOBBYIST EMPLOYER OR LOBBYING CO	ALITION:			
BUSINESS ADDRESS: (Number and Street)  OAKLAND  CA  94612  FAX NUMBER: (Optional)  E-MAIL: (Optional)  E-MAIL: (Optional)  I. Lobbyiets and Lobbying Firms Employed  * List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.  * Please see attached pages    II List Below the State Agencies Whose Actions you Will Attempt to Influence  * 'Will you attempt to influence the State Legislature?    IV   Yes   No    No   No	PRESCHOOL CALIFORNIA, A FISCALY SPONS	ORED PROJECT OF COMM	UNITY INITIATI\	/ES	
MAILING ADDRESS: (If different than above)    Lobbyists and Lobbying Firms Employed   List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.   Please see attached pages    List Below the State Agencies Whose Actions you Will Attempt to Influence   Will you attempt to influence the State Legislature?   Yes   No   Please see attached pages    No   Please see attached pages   No	BUSINESS ADDRESS: (Number and Street)	(City)	(State) (Z	ip Code)	TELEPHONE NUMBER:
List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.    Please see attached pages		OAKLAND	CA 94	312	FAX NUMBER: (Optional)
*List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.  *Please see attached pages    List Below the State Agencies Whose Actions you Will Attempt to Influence   Will you attempt to influence the State Legislature?	MAILING ADDRESS: (If different than above)				E-MAIL: (Optional)
List Below the State Agencies Whose Actions you Will Attempt to Influence  *Will you attempt to influence the State Legislature?   Yes   No    Please see attached pages    Please see attached pages   No   No   No	I Lobbyists and Lobbying Firms Employ	/ed			
List Below the State Agencies Whose Actions you Will Attempt to Influence *Will you attempt to influence the State Legislature?	* List the full name of each in-house lobbyist emp	loyed and each lobbying firm	with which you o	ontract.	
* Will you attempt to influence the State Legislature?    No   Please see attached pages   No	Please see attached pages				_
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VERIFICATION  I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed On					_
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Name of Responsible Officer CATHERINE ATKIN  Title PRESIDENT (447200-MM)	* For assistance, see the instructions on the back	RELATED TO INCREASED A			
Name of Responsible Officer CATHERINE ATKIN  Title PRESIDENT (447200-MM)	* For assistance, see the instructions on the back of the Political Reform Act." LEGISLATION R	VERIFICATION eparing this Statement. I have	re reviewed this	Statement a	cHOOL PROGRAMS FOR CHILI
	* For assistance, see the instructions on the back of the Political Reform Act." LEGISLATION R  I have used all reasonable diligence in preedge the information contained herein is true.  I certify under penalty of perjury under the	VERIFICATION eparing this Statement. I have and complete. e laws of the State of Califor	re reviewed this	Statement an	cHOOL PROGRAMS FOR CHILI
	* For assistance, see the instructions on the back of the Political Reform Act."LEGISLATION R  I have used all reasonable diligence in preedge the information contained herein is true. I certify under penalty of perjury under the Executed On	VERIFICATION eparing this Statement. I have and complete. e laws of the State of Califor	re reviewed this	Statement and egoing is true	nd to the best of my knowland correct.

FPPC Form 603 (7/98) For Technical Assistance: 916/322-5660

## **Lobbyist Employer/Lobbying Coalition Registration Statement**

CALIFORNIA 603

SEE INISTRUCTIONS ON DI	EVED CE	Tim	a av Drint i	a inte		FAIR POLITICAL PRACTICES COMM.
SEE INSTRUCTIONS ON REVERSE Type or Print in ink						
NAME OF LOBBYIST EMPLOYER OR LOBBYING COALITION:				2/4		
		SPONSORED PROJ	ECT OF C	OMMUNITY INITIATIVES		2/7
Nature and Interests	of Filer					
Check one box only:						
INDIVIDUAL (Commis		BUSINESS ENTITY			L.	OTHER (s. a. Jakkedina
INDIVIDUAL (Completed only Parts A and E)	ете	(Complete only Parts B	_	DUSTRY, TRADE OR ROFESSIONAL ASSN.	X	OTHER (e.g., lobbying coalition) (Complete only
, ·,		and E)		omplete only Parts C and E)		Parts D and E)
A. Individual				2. Description of business activity	tv in w	nich vou or vour employer are
1. Name and address of en	nployer (or princ	pal place of business if		engaged:	,	, , , , , , , , , , , , , , , , , , ,
self-employed):						
B. Business Entity	1					
Description of business act		gaged:				
C. Industry, Trade	or Professi	onal Association		2. Specific description of any po	rtion o	r faction of the industry, trade or
Description of industry, to						clusively or primarily represents:
–				ļ ,		, p,p
3. Number of members in a	,					
50 OR LESS (provid	e names of all m	embers on an attachmen	it.)	MORE THAN 50		
D. Other				2. Description of any trade, profe	ession	or other group with a common
Statement of nature and	purposes:			economic interest which is pri		• •
EDUCATION AND PRE	SCHOOL PR	OGRAMS		membership or financial support is principally derived:		
EDOOATION AND I ILL	LOOHOOLIK	JORANIO				
E. Industry Group	Classificati	on				
-			group whi	ch you represent. See instruction	one or	rovorco
Check one box which hi	osi accurately	describes the industry	group will	on you represent. See instruction	וט פוונ	i levelse.
AGRICULTURE	LEGAL		DUGINE	SS (Check one of the following sub-	catogu	orios )
AGRICOLTORL	LLGAL		_	,	calegi	
X EDUCATION	PUBLIC EMPLOYEES		ENTERTAINMENT/RECREATION		OIL AND GAS	
<b>_</b>		-	F	INANCE/INSURANCE		PROFESSIONAL/TRADE
GOVERNMENT	POLITICA	AL ORGANIZATIONS		ODGING/RESTAURANTS		REAL ESTATE
			=	MANUFACTURING/INDUSTRIAL		TRANSPORTATION
☐ HEALTH	UTILITIE	S	=			
L ABOR LINIONS	☐ OTHER:			MERCHANDISE/RETAIL		OTHER(Describe)

(Describe)

FPPC Form 603 (7/98) For Technical Assistance: 916/322-5660

## Lobbyist Employer/Lobbying Coalition Registration Statement

CALIFORNIA FORM	603
FAIR POLITICAL PRAC	TICES COMM.
3//	

II	List Below the State Agencies Whose Actions you Will Attempt to Influence
DI	EPARTMENT OF EDUCATION
G	OVERNOR'S OFFICE
OI	FFICE OF THE SECRETARY OF EDUCATION

## **Lobbyist Employer/Lobbying Coalition Registration Statement**

CALIFORNIA FORM	603
FAIR POLITICAL PRAC	TICES COMM.
4/4	

I Lobbyists and Lobbying Firms Employed

* List the full name of each in-house lobbyist employed and each lobbying firm with which you contract.				
Employee Lobbyist	_			
KEVIN MCCARTY				
Lobbying Firm				
TWOHIG CONSULTING				